

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name U.S. Chamber of Commerce(b) Address (number and street) ☐ check if different than previously reported1615 H Street, NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification NumberC30001101**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**09'29'2008

through

10'07'2008**5. (a) Date of Public Distribution(s)**10'07'2008**(b) Communication Title**Chicago Healthy**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**(a) Name Rob Engstrom

(b) Address (number and street)

1615 H Street, NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

U.S. Chamber of Commerce Vice President**9. Total Donations This Statement**0.00**10. Total Disbursements/Obligations This Statement**300,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rob Engstrom

SIGNATURE



DATE

10/14

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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